



Complete Summary

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TITLE

Hyperlipidemia: percent of eligible patients screened at appropriate intervals for hyperlipidemia.

SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

Brief Abstract

DESCRIPTION

This measure assesses the percent of eligible patients screened at appropriate intervals for hyperlipidemia.

This measure is a component of a composite measure; it can also be used on its own.

RATIONALE

Elevated blood cholesterol is one of the major modifiable risk factors for coronary heart disease (CHD), the leading cause of death in the United States (U.S.). CHD accounts for approximately 490,000 deaths each year, and angina and nonfatal myocardial infarction (MI) are a source of substantial morbidity. The incidence of CHD is low in men under age 35 and in premenopausal women (1-2/1,000 annually), but climbs exponentially during middle age for both men and women. The onset of CHD is delayed approximately 10 years in women compared with men, probably due to effects of estrogen, but women account for 49% of all CHD deaths in the U.S.

Periodic screening for high blood cholesterol is recommended for all men ages 35-65 and women ages 45-65. There is insufficient evidence to recommend for or against routine screening of asymptomatic persons over age 65, but recommendations to screen healthy men and women ages 65-75 may be made on other grounds. There is insufficient evidence to recommend for or against routine screening for other lipid abnormalities. All patients should receive periodic screening and counseling regarding other measures to reduce their risk of coronary disease.

PRIMARY CLINICAL COMPONENT

Coronary heart disease; hyperlipidemia; screening

DENOMINATOR DESCRIPTION

The number of eligible patients seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic. Patients who have a life expectancy that does not lend itself to prevention screening are excluded.

NUMERATOR DESCRIPTION

The number of patients from the denominator screened at appropriate intervals for hyperlipidemia (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Males age 35 to 65 years with no history; females age 45 to 65 years with no history; and patients of any sex/age with history of arteriosclerotic vascular disease or ischemic heart disease

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

From the 'eligible patients' universe, certain patient cohort groups, including women, are selected

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The incidence of coronary heart disease (CHD) is low in men under age 35 and in premenopausal women (1-2/1,000 annually), but climbs exponentially during middle age for both men and women.

EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams &

Wilkins; 1996. Screening for high blood cholesterol and other lipid abnormalities. p. 15-38. [190 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

The onset of coronary heart disease (CHD) is delayed approximately 10 years in women compared with men, probably due to effects of estrogen, but women account for 49% of all CHD deaths in the United States.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for high blood cholesterol and other lipid abnormalities. p. 15-38. [190 references]

BURDEN OF ILLNESS

Elevated blood cholesterol is one of the major modifiable risk factors for coronary heart disease (CHD), the leading cause of death in the United States (U.S.). CHD accounts for approximately 490,000 deaths each year in the U.S., and angina and nonfatal myocardial infarction (MI) are a source of substantial morbidity.

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for high blood cholesterol and other lipid abnormalities. p. 15-38. [190 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients not already reviewed during the current Fiscal Year with a qualifying visit at one of a specified list of outpatient clinics

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All eligible patients (see "Numerator Inclusions/Exclusions" field) not already reviewed during the current Fiscal Year with a qualifying visit (refer to the original measure documentation for details) at one of the following 8 outpatient clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All patients having a life expectancy that lends itself to prevention screening

Exclusions

Visits at a tertiary facility for a specialty consult only (no other previous primary care or general medicine visit at the tertiary center)

Preventive care screening questions are not applied to certain designated groups of patients included in other samples (see original measure documentation for details).

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator screened* at appropriate intervals** for hyperlipidemia

*Screened for hyperlipidemia: minimal lab to include fasting or non-fasting total cholesterol and high-density lipoprotein cholesterol (HDL-C). Full lipid profile meets the intent of the screen.

**Eligible patients and appropriate interval (one of the following applies):

- Male age 35-65 and no comorbidity*** or no history****, then every 5 years
- Female age 45-65 and no comorbidity*** or no history****, then every 5 years
- *** If comorbidity (ANY of the following), then every 2 years:
 - Patient sex/age above and current smoker or has a diagnosis of hypertension or diabetes
 - Patient of any age/sex and has a history of arteriosclerotic vascular disease or ischemic heart disease
 - Patient sex/age above and has a first degree relative with a history**** of:
 - Coronary artery disease diagnosed at age less than 45
 - Male relative with acute myocardial infarction (AMI) or sudden death age less than 55, OR
 - Female relative with AMI or sudden death age less than 65

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2001 target for hyperlipidemia screening component: 86%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

PI - Hyperlipidemia Screening.

MEASURE COLLECTION

Fiscal Year (FY) 2001: Veterans Health Administration (VHA) Performance Measurement System

COMPOSITE MEASURE NAME

[Prevention Care Index](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Dec

REVISION DATE

2001 Apr

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

MEASURE AVAILABILITY

The individual measure, "PI - Hyperlipidemia Screening," is published in "FY 2001 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

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